



MARYLAND
HEALTH CARE
COMMISSION

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EHR Vendor Reference Questions

Vendor: _____

Product & Version: _____

Reference Name & Practice: _____

1) How long have you used the EHR from [Vendor's Name]? _____ (months/years)

The following questions are rated 1-5, where 1=poor, 2=fair, 3=good, 4=very good, and 5=excellent.

2) How would you rate the cost to benefit ratio of the EHR? 1 – 2 – 3 – 4 – 5 – N/A

3) Using the same 1-5 scale, how would you rate your satisfaction with the EHRs ability to:

- a. Review patient charts 1 – 2 – 3 – 4 – 5 – N/A
- b. Update and document patient charts 1 – 2 – 3 – 4 – 5 – N/A
- c. Order tests and review results 1 – 2 – 3 – 4 – 5 – N/A
- d. Prescribe electronically 1 – 2 – 3 – 4 – 5 – N/A
- e. Clinical decision support (e.g. drug warnings, preventative care reminders, etc.) 1 – 2 – 3 – 4 – 5 – N/A
- f. Clinical/quality reporting (e.g. pay-for-performance, Bridges to Excellence, etc.) 1 – 2 – 3 – 4 – 5 – N/A

4) Again, using the same 1-5 scale, how would you rate the vendor on:

- a. Implementation 1 – 2 – 3 – 4 – 5 – N/A
- b. Training 1 – 2 – 3 – 4 – 5 – N/A
- c. Support 1 – 2 – 3 – 4 – 5 – N/A
- d. Service 1 – 2 – 3 – 4 – 5 – N/A

5) Would you purchase this system again? ☐ Yes ☐ No

6) Would you purchase from the same vendor again? ☐ Yes ☐ No